

41

3-23-04

17/57

PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/005,085	
Filing Date	December 4, 2001	
First Named Inventor	Mulligan	
Art Unit	1775	
Examiner Name	Savage	
Total Number of Pages in This Submission	Attorney Docket Number	003248.00045

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mail Return Receipt Postcard
Remarks		Please charge any additional fees or credit overpayment to Deposit Account No. 19-0733. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Rebecca P. Rokos Reg. No.: 42,109
Signature	
Date	March 22, 2004

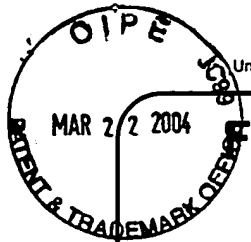
CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name			
Signature		Date	

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004 <i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		Complete if Known	
		Application Number	10/005,085
		Filing Date	December 4, 2001
		First Named Inventor	Anthony C. Mulligan, et al.
		Examiner Name	Jason L. Savage
		Art Unit	1775
		Attorney Docket No.	03248.00045
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	210	

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																											
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order		3. ADDITIONAL FEES																											
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff, LTD.																													
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.																													
FEE CALCULATION																													
1. BASIC FILING FEE																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th></tr><tr><th>Fee Code</th><th>Fee Code</th></tr></thead><tbody><tr><td>1001 770</td><td>2001 385</td></tr><tr><td>1002 340</td><td>2002 170</td></tr><tr><td>1003 530</td><td>2003 265</td></tr><tr><td>1004 770</td><td>2004 385</td></tr><tr><td>1005 160</td><td>2005 80</td></tr></tbody></table>	Large Entity	Small Entity	Fee Code	Fee Code	1001 770	2001 385	1002 340	2002 170	1003 530	2003 265	1004 770	2004 385	1005 160	2005 80	<table border="1"><thead><tr><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Utility filing fee</td><td></td></tr><tr><td>Design filing fee</td><td></td></tr><tr><td>Plant filing fee</td><td></td></tr><tr><td>Reissue filing fee</td><td></td></tr><tr><td>Provisional filing fee</td><td></td></tr></tbody></table>	Fee Description	Fee Paid	Utility filing fee		Design filing fee		Plant filing fee		Reissue filing fee		Provisional filing fee			
Large Entity	Small Entity																												
Fee Code	Fee Code																												
1001 770	2001 385																												
1002 340	2002 170																												
1003 530	2003 265																												
1004 770	2004 385																												
1005 160	2005 80																												
Fee Description	Fee Paid																												
Utility filing fee																													
Design filing fee																													
Plant filing fee																													
Reissue filing fee																													
Provisional filing fee																													
SUBTOTAL (1) (\$)		0																											
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE																													
Total Claims: <input type="text"/> - ** = <input type="text"/> X <input type="text"/> = <input type="text"/>																													
Independent Claims: <input type="text"/> - ** = <input type="text"/> X <input type="text"/> = <input type="text"/>																													
Multiple Dependent: <input type="text"/> X <input type="text"/> = <input type="text"/>																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th></tr><tr><th>Fee Code</th><th>Fee Code</th></tr></thead><tbody><tr><td>1202 18</td><td>2202 9</td></tr><tr><td>1201 86</td><td>2201 43</td></tr><tr><td>1203 290</td><td>2203 145</td></tr><tr><td>1204 86</td><td>2204 43</td></tr><tr><td>1205 18</td><td>2205 9</td></tr></tbody></table>	Large Entity	Small Entity	Fee Code	Fee Code	1202 18	2202 9	1201 86	2201 43	1203 290	2203 145	1204 86	2204 43	1205 18	2205 9	<table border="1"><thead><tr><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>Claims in excess of 20</td><td></td></tr><tr><td>Independent claims in excess of 3</td><td></td></tr><tr><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr></tbody></table>	Fee Description	Fee Paid	Claims in excess of 20		Independent claims in excess of 3		Multiple dependent claim, if not paid		** Reissue independent claims over original patent		** Reissue claims in excess of 20 and over original patent			
Large Entity	Small Entity																												
Fee Code	Fee Code																												
1202 18	2202 9																												
1201 86	2201 43																												
1203 290	2203 145																												
1204 86	2204 43																												
1205 18	2205 9																												
Fee Description	Fee Paid																												
Claims in excess of 20																													
Independent claims in excess of 3																													
Multiple dependent claim, if not paid																													
** Reissue independent claims over original patent																													
** Reissue claims in excess of 20 and over original patent																													
SUBTOTAL (2) (\$)		0																											
*or number previously paid, if greater; For Reissues, see above																													
		Other fee (specify) _____																											
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)																											
		210																											

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Rebecca P. Rokos	Registration No. (Attorney/Agent)	42,109
Signature	<i>Rebecca P. Rokos</i>	Telephone	312-463-5000
		Date	March 22, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



**CERTIFICATE OF MAILING BY EXPRESS MAIL
(PATENT APPLICATION)**

Express Mail No. E1306400415US

Deposited March 22, 2004

I hereby certify that the attached correspondence, identified below, is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" under 37 CFR §1.10 on the date indicated above and is addressed to the Commissioner for Patents, Mail Stop Amendment, P.O. Box 1450, Alexandria, Virginia 22313-1450.

By: 

(person actually depositing)

Application of: Mulligan, et al.

Application No.: 10/005,085

Filing Date: December 4, 2001

Title: Multi-Functional Composite Structures

- (X) Petition for Extension of Time, 1 page
- (X) Response to Office Action dated December 22, 2003, 11 pages
- (X) Transmittal letter, 1 page
- (X) Fee Transmittal letter, 1 page (in duplicate)
- (X) Return receipt postcard

Attorney Docket No: 003248.00045